



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES January 10, 2007



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Alicia Crews-Rhoden	Genevieve Clavreul	Teresa Ayala-Castillo
Al Ballesteros	Nettie DeAugustine	Camila Crespo	Kyle Baker
Diana Baumbauer	William Fuentes	Lisa Fisher	Angela Boger
Carrie Broadus	Jan King	Susan Forrest	Shaunte Crosby
Mario Chavez	Quentin O'Brien	Shawn Griffin	Maxine Franklin
Eric Daar	Mario Pérez	Miki Jackson	Yvette Jones
Whitney Engeran	James Skinner	Jackie Jones	Michael Green
Douglas Frye	Gilbert Varela	Jennifer Kim	David Pieribone
David Giugni	Chris Villa	Gabriela Leon	William Strain
Jeffrey Goodman/ Sharon Chamberlain	Jocelyn Woodard/James Smith	Luis Lopez	Luis Urgiles
Joanne Granai		Richard Mathias	Rosa Valencia
Richard Hamilton		Adam Ouderkirk	Lanet Williams
Michael Johnson		Jane Price	Amy Wohl
Lee Kochems		Christina Ramos	Juhua Wu
Brad Land		Ron Snyder	Dave Young
Anna Long		Nick Truong	
Manuel Negrete		Elaine Williams	
Ruel Nollado			COMMISSION STAFF/CONSULTANTS
Everardo Orozco			
Dean Page			Virginia Bonila
Angélica Palmeros			Jane Nachazel
Natalie Sanchez			Glenda Pinney
Peg Taylor			Doris Reed
Kathy Watt			James Stewart
Fariba Younai			Craig Vincent-Jones
			Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:20 am. and welcomed the return of Richard Young, ISD, to provide sound and tapes.
 - Roll Call (Present):** Bailey, Baumbauer, Braswell, Chavez, Daar, Frye, Giugni, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Long, Negrete, Nollado, Orozco, Page, Taylor, Watt
- APPROVAL OF AGENDA:** JPP Items 1) Ryan White 2010 Principles (Motion 7), and 2) 2008 Public Policy Agenda (Motion 8) were postponed.

MOTION #1: Approve the Agenda Order, as amended (*Passed by Consensus*).

3. CONSENT CALENDAR:

- Mr. Vincent-Jones indicated that Ms. Broadus had suggested the process, already used by the Board, to enhance meeting efficiency. Consent calendar groups for an approval vote uncontested motions that do not require discussion.
- All motions, except agenda order and minutes, are initially placed in the Consent Calendar. Anyone, Commissioner or public member, may pull a motion for any reason—such as wanting additional information, discussion or amendment. Motions with scheduled presentations are also automatically pulled. Motions not pulled are then approved as a single group motion.
- For the first consent calendar, Motion #3 (approval of the minutes) is technically not part of the motion. Mr. Johnson pulled Motion #4. Motions #5 and #6 were pulled because there were presentations scheduled. Motions #7 and #8 had been postponed. Motion #9, member nominations, remained on the calendar.

MOTION #2: Approve the Consent Calendar, as amended (*Passed by Consensus*).

4. APPROVAL OF MEETING MINUTES:

MOTION #3: Approve the minutes from the December 13, 2007 Commission on HIV meeting (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING: Mr. Stewart had no additional comments.

6. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Forrest, Behavioral Health Services, announced the agency would be opening a 10-bed residential program for transitional-aged LGBT youth in Long Beach. A sober living facility would be opened adjacent for those transitioning out of the residential program. Three meetings each would be held in Los Angeles and Long Beach to solicit input from the community. One meeting in each location would focus on researchers, program/executive directors of agencies working with this population and line staff/community members. She invited anyone interested to provide her their contact information.
- Ms. Jackson introduced the Commission to Raven, a Cardigan Welsh Corgi, in training to be a service dog. Raven was 5-years-old and a retired champion. She was in the socialization phase of her training, learning about different environments.

7. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Johnson noted that the previous month he had expressed concerns about back-up for justifications to reduce the Year 18 allocation to Legal Services. He provided a memo summarizing his rebuttal to the justifications. He did not fault any committee or individual but emphasized that, due to reliance on committees and the impracticality of anyone attending all committee meetings, it was important for committees to carefully verify data used to develop Year 19 allocations. Mr. Goodman responded that P&P believed its recommendations were still appropriate.
- Mr. Orozco said he had been asked to report that SPA #2 was experiencing a shortage of bus passes. Several providers and at least 40 consumers received no passes. They had been told the County had not paid for them.
- ➡ It was agreed that OAPP would follow-up on the bus pass issue. It was also suggested that Mr. Orozco encourage those experiencing problems to contact OAPP directly.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Consent Calendar/Material Preparation:

- Mr. Braswell referred to the earlier discussion about the Consent Calendar.
- Mr. Braswell went on to say that—in response to a recommendation from Mr. Johnson at a prior meeting—that while the Executive Committee agreed it was desirable to disseminate materials earlier, it was not presently possible due to staffing, technical and financial limitations.
- Mr. Braswell noted the memo did state that staff would email materials for particular motions when possible. Attempting to email the entire packet would overwhelm both staff, who spend the week prior to the Commission meeting working long hours to create the packet, and most computers, which would be unable to download so large a document. The Executive Committee and staff would determine, in advance, what items might need to be disseminated early.
- Mr. Johnson responded that disseminating materials pertinent to motions at least 72 hours in advance of the meeting would make the Consent Calendar more effective.
- Mr. Vincent-Jones noted that committees were scheduled throughout the month so that materials could be brought forward to the Commission in a timely manner, and so that items could be addressed at those meetings. He added that the Brown Act 72-hour posting requirement applied only to agendas, not meeting materials.

9. CO-CHAIRS' REPORT:

A. Policy: Document Distribution at Meetings:

- Ms. Bailey reminded the body that the policy formalized long-standing practice that documents not be included in the packet could not be distributed at meetings, but could be referenced verbally with copies provided at the resource table.
- Mr. Johnson felt any Commissioner should be able to request any document be included in the packet so long as it was submitted in a timely manner. The policy required documents to be vetted by Commission Co-Chairs, committees and/or the Executive Director on behalf of the Co-Chairs or committees.
- Mr. Vincent-Jones responded that there were two issues. There were problems with Brown Act compliance when people did not provide sufficient copies. Also, the Commission was heavily reliant on committees and issues should be coordinated with them. He stressed that views should be brought forward through committees, as the JPP Committee had previously provided time to Mr. Goodman to present a dissenting view, for example. The policy only required that people go through the Commission Co-Chairs, Executive Committee or Executive Director, if the matter was not currently being considered by a committee.
- Ms. Granai noted Commissioners could contact SPN coordinators for document inclusion in the SPN Report.

MOTION #4: Approve the policy on document distribution at Commission meetings (*Passed: 21 Ayes; 2 Opposed; 0 Abstentions*).

10. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones indicated that there was a list of Sexual Harassment/Cultural Diversity training classes under the Announcements section, for those who missed the training held at the Commission. Training must be completed by August 2008. The penalty for noncompliance could include dismissal from the Commission. Certificates for completion were being prepared for those who had attended.
- In response to a discussion at the December meeting where he was not present, Mr. Vincent-Jones clarified that it was he who recommended prohibiting distribution of the document from OAPP at the November meeting, in accordance with the previously cited long-standing practice policy prohibiting distribution of documents at the meeting. The Co-Chairs had concurred, but it was decided to distribute the document after a discussion. A formal, written policy was brought forward subsequently to avoid such issues in future.
- He went on to say that he was concerned that it had been raised that the minutes needed to be amended to reference that part of the November meeting. He cautioned that minutes were not meant to be transcripts and should address only relevant actions and supporting discussion. He recommended that the Commission should consider precedence, relevance and motivation before accepting amendments to the minutes. Otherwise, staff could not ensure reasonable length, timeliness, consistency and reliability of the minutes.
- Mr. Stewart clarified that minutes specifically were a record of actions taken. If no action was taken, a discussion need not be included at all. A summary of debate was generally included to facilitate future reference.

11. STATE OFFICE OF AIDS (OA) REPORT:

- Ms. Taylor reported that the Governor had released his proposed FY 2008-2009 state budget (implementation of July 1, 2008) that morning. The Administration is expecting a \$14.5 billion 2008-2009 General Fund shortfall, and, as a result, he has imposed 10% across-the-board cuts, and some, additional mid-term corrections.
- Ms. Taylor went on to say that OA staff was already working on potential approaches to the cuts. She cautioned that OA had been part of Health Services along with MediCal prior to July 1st. In that structure, MediCal often took the bigger budgetary hits over smaller programs like OA. Now that there's a separate Department of Public Health (DPH), and OA is its largest division, its budget becomes more of a target.
- She reported that the proposed cuts to OA totaled \$11,022,000.
- The proposed cut from OA support was \$400,000. Mark Horton, Director, DPH, had advised staff to be prepared for layoffs. Other proposed cuts were: \$7 million from ADAP; \$2.2 million from education/prevention, including counseling/testing; \$400,000 from epidemiology/surveillance; and \$1,022,000 from Care Programs, including the Early Intervention Program (EIP) at \$200,000, the Therapeutic Monitoring Program (TMP) at \$300,000, the Case Management Program at \$400,000, and the Residential AIDS Licensed Facilities Program (RALF) at \$122,000.
- Staff was working to determine the impact on ADAP. Some information on that would be in the proposed budget. Ms. Taylor noted that the \$7 million cut would be a cut to purchasing ability of drugs, which would, in turn, drug rebate revenues. ADAP currently was funded about one-third each from the Ryan White Part B ADAP earmark, the State's general fund and the rebates. Los Angeles County uses a little over \$121 million annually.
- Mr. Goodman asked if CARE/HIPP would be affected. Ms. Taylor replied that it was fully funded through Part B. Mr. Goodman thanked her for being so effective a resource, including help on various issues.
- Ms. Taylor reported that staff, as part of OA's technical assistance, would develop information in the next two weeks for all the EMAs and TGAs on how these funds were utilized in their counties. Often General Funds tended to be invisible

compared to the attention paid to Ryan White funding issues. They were, however, integrated into services and would cause instability, if cut. She invited people to ask her for other information that might be helpful

- Ms. Taylor reported that Drs. Roland, Horton and Chavez were already contacting advocacy organizations and other stakeholders to educate them on the proposed budget. Ms. Taylor said OA staff were deeply committed and experienced. They would be thoughtful and strategic, like cutting support before services and cutting medications for opportunistic infections before ARVs. They would also be asking for, and listening carefully to, input including from the CHPG and others.
- This was the time to begin to offer community input, she continued. Budget hearings would begin in the spring with the May revise budget based on updated revenue information to follow. The final budget was supposed to be signed in the summer. Mr. Braswell asked if the discussion of a 1.25% levy on property insurance would offset any cuts. She anticipated that it would not, though many options for increased revenue were being reviewed. He noted that everyone should be involved, both individually and through their organizations.
- Mr. Land asked about potential cuts to the state Medicaid/MediCal system. With the tiering of clients, that could have an additional impact combined with the ADAP cuts. Ms. Taylor noted that, being in a different department, she was not privy to that information yet. Ms. Taylor added that OA tapped into many programs, like those run by Alcohol and Drugs, all of which were at risk.
- Mr. Nollored reported that potential mid-year cuts to OA had been averted. He planned to review the proposed budget documents that day and would disseminate information to the group. He added that the Southern California HIV Advocacy Coalition (SCHAC) would be active in this effort.
- Mr. Page noted there has recently been increased attention to the challenges faced by aging PWH/A. He felt the Consumer Caucus could have an especially pertinent voice on this issue. Mr. Johnson suggested JPP compile a contact list of political system pressure points. Combined with the data from OA, consumers could be provided with information to write their own letters.
- Ms. Watt suggested a one-page education piece for consumers. Most do not know where their funding comes from, especially since many services are funded from more than one source. Many do not know that their services were not guaranteed. They could not be an effective voice unless they had the tools to understand their risk. She said that the distinction between being “squeezed” and being “squeezed out” needed to be emphasized.
- Ms. Watt also noted the Commission had no track record of capturing the attention of the *Los Angeles Times*. They had already provided extensive coverage of proposed park cuts. It was important to develop a sustained plan to draw attention emphasizing that while park services, for example, are important, cuts that threaten lives must be the priority. She recommended a timeline providing coordinated direction for actions to be taken every two weeks or so.
- Mr. Engeran emphasized that the response should be strategic, articulate and measured since the OA \$11 million cut, while unacceptable, was a small proportion of the \$14.5 billion reductions being implemented. Too shrill of a response, he cautioned, could result in a backlash. Mr. Ballesteros recommended engaging the Board and the County lobbyist.
- Mr. Kochems noted there was also a potential 5% cut on the federal level, as well as many political issues during elections. He recommended SPNs review the subject and bring their thoughts forward for consideration and incorporation. Mr. Braswell added that, in addition to this specific threat, funding would be at risk for at least three to five years. Regardless of who would be the next President, there would be federal issues. It was important to be prepared for a marathon.
- Mr. Vincent-Jones reminded the group that where there were federal and state cuts, county cuts may follow as they may also face deficits resulting from federal/state shortfalls. That also had to be factored into the response and the Commission would need to work closely with its County counterparts.
- Mr. Hamilton announced that National Black AIDS Awareness Day would be observed with two activities. There would be outreach and HIV testing at the Kingdom Day Festival, January 21st, and a rally at Leimert Park on the actual day, February 7th. Every year except 2007 he had traveled to Washington, D.C. and often to Sacramento. He urged everyone to come and lend their voices and show their outrage at the cuts.
- Ms. Granai said it was important to put faces and families to the statistics. PWH/A need to step forward, apart from specific Commission actions. Emails and letters do not show the faces of people at risk of losing life-saving medications.
- ➡ It was agreed to explore generating a brief letter protesting the cuts to the Governor in conjunction with OAPP.
- ➡ It was agreed at Mr. Engeran’s suggestion that JPP would coordinate a regular conference call on the budget, as was done successfully to coordinate SB 699. A broad range of stakeholders would be included to express both the breadth of the problem and to maximize outreach.

12. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

13. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

A. Year 18 Part A Application:

- Dr. Green reported that it was not likely that OAPP would hear about the Part A award until the end of February.
 - Lorenzo Taylor, LA's Part A Project Officer, moved to another office at HRSA. He had not yet been replaced, but his previous supervisor, Gary Cook, was acting as interim Project Officer for the Los Angeles County EMA.
 - Mr. Land requested information on the proposed \$900,000 reduction to Medical Outpatient contracts. Dr. Green responded that three separate, but concurrent, circumstances prompted OAPP to realign care services contracts for Year 18 to ensure that historic demand for services was not compromised.
 - Changes to Ryan White resulted in OAPP notification on February 28th, one day before the new cycle of awards began, and the Minority AIDS Initiative (MAI) was not combined with the Year 17 Part A award. MAI funds did not become available until August 2007. Los Angeles County was fortunate to be able to carry the programs through the five-month gap, costing nearly \$1 million, partially mitigated by a one-time approval of \$836,000 in Provisional Financing Use (PFU) Funds made available by the Board.
 - There were also changes to the MAI plan itself. Funded service categories remained consistent from 1999 to 2006, but changed in 2007. While there were good reasons for the changes, OAPP had to realign contracts in response, including a \$1.9 million decrease in Medical Outpatient. He noted that the Commission's memo to the Board questioned whether most of the cuts were either covered by EIP/Medical Case Management contracts in the new MAI plan, or contract reductions compensating for underspending. He responded that both were likely, and some providers were actually receiving increases.
 - The Board also directed OAPP to align its contracts with available funds rather than overcontracting. Historically, OAPP had contracted more services than known funds in order to maximize every federal and state grant. It provided the opportunity to shift funds quickly when needed. Other EMAs have had to "roll over" funds over from one year to the next. In response to the Board's prohibition against overcontracting, OAPP reviewed actual Year 15/16 Medical Outpatient expenditures. As has been usual, contracts were not fully expended with 7% to 9% unspent. The \$950,000 reduction of about 5% still left 3% or 4% for growth.
 - Mr. Ballesteros asked if savings from Medical Outpatient service contracts was consistent across the SPAs and if there were patterns to over- and under-spending contracts between, for example, larger and smaller providers. Dr. Green replied savings were fairly consistent. There were no overspent contracts. The initial contract reduction would be 5% across the board. Variants would be closely watched over the first six months in order to best match expenditures with funds.
 - Dr. Green said OAPP would be working with each provider to ensure that services would not be reduced. Expenditures would be reviewed mid-year to ensure funds could be shifted to where they would be spent. Key considerations were to keep allocations in line with Commission Part A/B allocations and directives, and to ensure due diligence in spending all of the grants.
 - Mr. Engeran asked about the NCC expenditures report. Dr. Green said it would go to P&P within the month. Mr. Page asked if P&P would forward the report to the February Commission meeting. Mr. Vincent-Jones said P&P would want to review the financial information thoroughly before forwarding it to the Commission.
 - Mr. Engeran said he understood the Board had provided about \$2 million in PFU funds leaving about \$1.2 million after the amount backfilling the MAI gap. He asked that Mr. Pérez to speak to the use of the NCC and PFU funds at the next meeting, noting that Mr. Pérez had said there would be no changes to Year 18 contracts at the December meeting. Mr. Engeran also was concerned about the letter from OAPP to providers that prompted the memo and appeared to indicate cuts were in response to Commission actions.
- ➡ Dr. Green agreed to inform Mr. Pérez so that he could address those issues at the February meeting.

B. Medical Outpatient Rate Study: Dr. Green reported that the public comment period on the Medical Outpatient Rate Study had been extended, as requested by the Commission, to January 22, 2008. No written public comments had yet been received. He encouraged those who planned to submit comments to do so soon.

14. HIV EPIDEMIOLOGY PROGRAM REPORT:

A. Medical Monitoring Project (MMP):

- Dr. Wohl, Chief, Special Projects Unit, HIV Epidemiology Program introduced staff Rosa Valencia, research assistant, Shaunte Crosby and Luis Urgiles, interviewers.
- MMP was a new supplemental surveillance project to produce nationally representative data on PWH/A in collaboration with the CDC, NIH, HRSA and state and local health departments. Two previous projects from 1990 to 2004, SHAS and ASD, were helpful but not always representative.
- MMP used a three-stage national sampling that provided an opportunity for every PWH/A to be represented. Project areas were sampled first, then facilities within them, then patients within facilities.

Commission on HIV Meeting Minutes

January 10, 2007

Page 6 of 11

- All states were sampled based on their proportionate number of AIDS cases as of 2002 with mostly high and medium prevalence areas selected. Twenty states and six cities, including Los Angeles County, were funded as project areas, with over 1,000 facilities and ultimately over 10,000 patients.
- 221 HIV care facilities in Los Angeles County were eligible to participate, regardless of funding, based on prescription of ARVs, collection of CD4s and viral loads and stand-alone medical records on site. Twenty-five providers were selected. 400 patients were selected that were HIV+, in care and 18 or older.
- A detailed interview was done using a handheld device and the medical record was reviewed for health services and demographic data. Strict confidentiality was maintained similar to HIV/AIDS surveillance. Identifiers were not sent to CDC or used in reports. Data was only accessible to a limited number of staff. Five IRB approvals were secured.
- MMP data would be helpful in addressing a wide range of questions, such as whether care was consistent with USPHS guidelines, whether it differed between public and private facilities, identifying barriers to care and risk behaviors. Local uses would include Ryan White reporting requirements, epidemiology profiles, evaluation of local prevention programs and care resource needs, and access information. Nationally, data would be used for Healthy People 2010, documentation of Ryan White impact and evaluation of treatment guidelines.
- Dr. Wohl provided examples of previous studies that had used SHAS or ASD data. These included: tracking trends in antiretroviral use as HAART became available in the mid-1990s; factors associated with entry into care at least three months after first HIV+ test; local late entry into care by race/ethnicity; risk factors among MSM PWA; local non-injection meth use among MSM and non-MSM PWAs.
- Los Angeles, among 13 project areas, was funded for the calendar year 2005 pilot cycle which collected limited data. The full 26 project areas were funded for the 2007 cycle. Providers submitted lists to MMP in May of de-identified patients seen between January and April. CDC selected the patient sample of 400 from the lists.
- Of the 25 sampled providers, two chose not to participate in 2007 and two were ineligible. Providers contact patients to describe MMP, encourage participation and request permission for MMP staff to contact them to arrange an interview. If the patient cannot be contacted by phone, MMP staff attempts to contact them at the time of an appointment. The patient receives a \$25 reimbursement for the 45-minute interview and the provider receives \$25 for recruitment assistance.
- Even so, recruitment during the pilot period lagged with only 140 interviews of the 400-patient sample completed. Patients change providers, leave care or miss appointments. Providers are busy and may lack patient contact information. For 2007, 95 interviews have been completed with 70 in English and 25 in Spanish. Two hundred and fifty-five (255) interviews were pending; two interviews and 25 clinic appointments were scheduled. 24 patients have agreed to an interview but a date has not been set; 36 have disconnected phones; 168 were still being contacted; 13 patients have refused to participate; 37 were not available or were ineligible.
- Dr. Wohl noted that some states mandated participation, but California did not. She asked providers in the sample to encourage patients to participate and patients to encourage providers. Dr. Daar was the provider advisor and had been helpful.
- Ms. Broadus noted that young, poor, adult women often have poor adherence. She asked if data identified health care coverage history. Dr. Wohl responded that it did; Ms. Broadus asked if the data could correlate health care history and access. Dr. Wohl said that was the hope, but the population was transient and it was often hard to locate them. She said one option considered by the CDC was "real-time sampling" in which patients would be sampled as they came in for appointments. Dr. Wohl felt that would be better for Los Angeles and had advocated for it, but it had not yet been approved.
- Ms. Taylor suggested that staff from the state Bridge Project might offer ideas on how to reach patients. Ms. Watt suggested working with case managers. Dr. Wohl responded they do try to do that. Ms. Watt added that some people do not seek shelter until the weather gets cold. Posting flyers at shelters might alert people that the program was still seeking their participation. Dr. Wohl agreed and added residential care facilities. Mr. Land suggested case manager education would be helpful. The Consumer Caucus might assist with that and a component might be added to Case Manager Certification training.
- Ms. Broadus suggested expanding such education to all the HIV service providers to encourage patients to participate. She noted that the THE Clinic served a large proportion of African-American women and Latinas. She asked why it was not included. Dr. Wohl said it was dropped by CDC during its stratification of clinics by large, medium and small, as well as a statistical process to obtain a representative sample. Other clinics do serve that population. Dr. Wohl added that there had also been discussion in the past about over sampling women due to their smaller numbers. It was hoped that eventually funds would be available for that.
- Mr. Goodman asked if patients from private facilities participated more readily. Dr. Wohl replied that most patients participated readily and even suggested the \$25 go to someone in more need. Private providers, however, were less likely to understand the importance of MMP than public providers.

- Mr. Goodman asked if the data would be used to review disparities in care at different providers and health outcomes. Dr. Wohl said that was planned nationally. Locally, it would take about five years to have statistically valid data.
- Ms. Watt felt providers needed more education on the importance of asking patients about drug use. She suggested the slide on meth could be mailed out to call their attention to it. Dr. Wohl said she was presenting at USC Grand Rounds and would present to any providers.
- Mr. Vincent-Jones said the Commission had problems with provider recruitment for H-CAP. IRB questions were raised and there was the concern that patients might feel coerced, and asked why MMP relied on provider recruitment. Dr. Wohl said they tried to contact patients directly with poor results, so using provider recruitment has been more effective.

B. Surveillance:

- Dr. Frye announced that as of the end of the year 8,403 named HIV cases had been reported. The program was on target to reach 14,000 reported cases by December 2008 when numbers would be required for the next Ryan White iteration. About 13,500 cases remained to be reported. HIV Epidemiology continued to request additional funding to work on these. Cumulative AIDS cases have now reached 53,200 with 22,500 living. There were 1,483 AIDS cases in 2006.
- Dr. Frye anticipated about a \$135,000 surveillance cut to Los Angeles County from the state budget cuts. There had been additional state money through the CDC earlier, but he was unaware of its current status. Nationally, surveillance funds had remained level or been reduced. Maryland's surveillance budget, for example, was reduced by 40%.
- The Surveillance Coordinator Work Group, under the national Council of State and Territorial Epidemiologists, was arguing for broadened funding sources since bad surveillance undermined appropriate and fair funding for Ryan White and other programs involving billions of dollars. Dr. Frye was previously Vice Chair of the Work Group.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported that the bulk of the last PPC meeting was spent in subcommittees to develop work plans for the next year, in preparation for their February Annual Meeting. Ms. Watt said there would be a community meeting to present the new Prevention Plan one to two weeks after the Annual Meeting. It was hoped that all would familiarize themselves with the new plan before RFPs were released.
- He also reported that Kimberly Woods' nomination was accepted as a new member.

16. TASK FORCE REPORTS:

- A. Commission Task Forces:** There were no reports.
- B. Community Task Forces:** There were no reports.

17. SPA/DISTRICT REPORTS:

- Ms. Granai, SPA #1, said her providers would like more committee information. Mr. Vincent-Jones said staff was reviewing how to provide electronic summaries that could be dispersed quickly as opposed to minutes which had to be approved first. SPA #1 medical providers requested information on "opt-out" testing. She was referred to OAPP's Medical Director. Ms. Granai thanked OAPP for more attention to SPA #1, e.g., with a big push for testing and attending meetings.
- Other SPA reports were postponed.

19. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee:

1. Medical Outpatient Rate Study:

- Dr. Younai noted that SOC was charged in December with providing an overview for discussion purposes.
- Traditionally OAPP has reimbursed agency contracts on a line-item budget basis. The Board required a change to a cost reimbursement rate to encourage provider accountability/productivity, improve utilization oversight and ensure provider utilization of other resources when appropriate. It also enhances the Commission's planning and priority/allocation-setting abilities.
- Initial plans were to develop Fee-For-Service (FFS) for six service categories, including Medical Outpatient, ADAP and Medical Nutrition Therapy. Of the other four, Mercer recommended merging Drug Resistance Testing and Medical Specialty into Medical Outpatient, a PHS recommendation. It further recommended postponing the Medical Case Management (MCM) rate as the standard was under Commission review.
- The architecture of the rate was direct-care, staff-driven with other components based on the staff profile which, in turn, must be consistent with the standards of care. The rate closely resembled that of the federally qualified health centers. Staffing patterns and wage calculations were provided by the Bureau of Labor Statistics for Los Angeles and patient encounters, not including laboratory tests or discussions on accessing other system services but only those directly related to the service. Encounter utilization was based on PHS Section 330 Community Health Center (CHC) Programs.

- Phase 1, service descriptions, entailed review of a broad range of information including: standards of care; OAPP contracts; federal, state and local laws, regulations and guidelines; and interviews with providers, OAPP and others.
- Phase 2, rate development, entailed identifying the nature of direct clinical staff and measuring all components by their relationship to such staff. That first required identifying and analyzing major cost components, namely staff wages and expenditures related to employment, programs and administration.
- Rates were adjusted based on review of a few general ledgers, 3,300 estimated number of encounters based on CHC and a staffing ratio of two physicians/PAs to one RN resulting in a \$162.87 rate for a Medical Outpatient visit; a \$29.98 rate for an ADAP enrollment visit; and \$86.68 (initial) and \$28.89 (continuing) rates for Medical Nutrition Therapy. A distribution of rates was also done for different staffing patterns ranging from \$119.63 to \$178.32. The report projected a \$4 million savings with the new rates.
- Mr. Braswell noted that the draft of comments was in the packet. SOC would meet the following Monday, 1:00 to 4:00 p.m., to incorporate additional comments from that or this meeting or email and finalize it. Dr. Younai noted the first part of the draft comments reiterated Commission support for FFS and general architecture. Recommendations are for the three areas of Commission responsibility agreed to two years ago.
- Originally standards of care were scheduled for after the rate study but, due to delays, they were done concurrently. OAPP worked to update service descriptions to meet standards which reflect minimums. The specific limited concerns were related to closing the loop between standards and service descriptions. The draft comments also detailed concerns/issues with methodology and system capacity issues.
- Mr. Engeran, AHF, noted that the Auditor-Controller, rather than OAPP, shepherded the study. He felt cost components needed to be congruent and needed to reflect all funds, including NCC.
- Ms. Sanchez, El Pueblo de Barrio, felt the presentation was important to emphasize how it could change people's lives. She was concerned that, in association with budget cuts, access was at risk.
- Mr. Johnson, unaffiliated consumer, felt it was important to bolster language on general ledger entry analysis to include the cash flow of each provider. Nonprofits and for-profits have different accounting methods which was why he felt the cost accounting methods use by Mercer were out-of-date. He said that pooling, also used by Mercer, was discarded by the Financial Accounting Standards Board in 2001 as ineffective. Larger providers were punished because they have higher benefit cost due to better retention. He suggested that productivity analysis was unrealistic at 2,080 hours per year.
- Mr. Ballesteros, JWCH, felt many areas were left out, possibly due to focusing only on Part A contract areas. Many support staff were left out. He felt the Section 330 CHC population was focused on well-child, well-adult and prevention, i.e., those without severe illness. 2.2 patients/hour was not likely to be sustainable. \$68/hour was the low end for an HIV specialist.
- Ms. Watt, Van Ness Recovery House, found it sad that important subjects often become time-challenged. She recommended that a method should be developed to ensure that discussion time for scheduled items is ample. Mr. Vincent-Jones noted that the primary purpose, as confirmed by the minutes and tapes, was to present the study, and several Commissioners were asked and agreed that an hour for discussion was acceptable. It was not anticipated that the state budget would also be released, and absorb significant unplanned time.
- Mr. Land, unaffiliated consumer, thanked the SOC for their work and everyone for their comments. He had not been able to evaluate the FFS' effects on consumers. He felt attention should be paid to collaboration with the Auditor-Controller and the Chief Executive Office (CEO).
- Dr. Daar, Harbor-UCLA, felt budget differences by provider reflected a data problem, e.g., the number of clients versus visits seemed to vary from three to nine per year. He was also concerned about untracked costs. Such problems meant the overall projected cost of the service category was unreliable.
- Mr. Ouder Kirk, AHF and also representing the HIV Medical Outpatient Provider (HMOP) Caucus, said the number of patients and visits was pulled from Year 15 CaseWatch data. In addition to general problems with CaseWatch, in Year 15 a broad range of visits were allowed, including Medi-Cal and private, which were reported differently by different providers. He believed that resulted in a deceptively high number of visits. HMOP analyzed average visits per year per full-time provider with results of 2,300 to 2,400. There were also mathematical errors. The slide assumed a correction of 42.3% of symptomatic/asymptomatic in calculating the number of visits, but in the study it was .423%.

MOTION #5: Approve the proposed public comment in response to the Mercer Rate Study (Medical Outpatient and other Services) (*Amended per Motion #5A*).

- Dr. Younai proposed the following amendment so comments from the January meeting could be incorporated.

MOTION #5A: (Younai/King) Approve the proposed public comment in response to the Mercer Rate Study (Medical Outpatient and other services) as presented, and delegate authority to Standards of Care to finalize and submit the document on behalf of the Commission (*Passed by Consensus*).

- Dr. Green encouraged people to also send comments to Monique Collins at OAPP as individuals since such comments would not be limited by Commission purview. Comments should be mailed to Monique Collins.
 - Dr. Green went on to say that Mercer presented the rate study on October 31st. OAPP and Medical Outpatient providers saw many errors in the draft document that were inaccurate, made inaccurate assumptions, or were unclear.
 - OAPP requested significant additional work. The Mercer contract had been extended at no cost through December 2008 to produce a product that more accurately reflected how such services were provided in the County and more accurately captured costs associated with them. It was hoped it would not take the entire year.
 - One concern was that Mercer had not been as specific in their requests of service providers compared to the 20+-page survey they requested from providers participating in the Residential and Substance Abuse Rate Study. That survey provided a clear picture of costs associated with delivering services. In fact, when asked in January to gather additional Medical Outpatient information, Dr. Green prepared the survey, but it still was inadequate. OAPP has asked Mercer to be very specific in the new data requests so that information needed was described in an understandable way, regardless of how providers defined it in general ledgers. The data requests were sent to HMOP last week. OAPP reviewed it with several HMOP members, including Mr. Ouderkirk, before it was forwarded to Mercer to ensure it made sense.
 - OAPP also has asked Mercer to look at the number of encounters actually being delivered in the County rather than deriving a figure via the process that Mercer used. OAPP also expressed concerns about the staffing pattern. The service description did not include a RN as a staff person for delivery of direct services so should not be in the formula, an inclusion that significantly changed the formula denominator and raised the rate.
 - OAPP has asked Mercer to reconstitute the team as it was felt to lack the rigor of the previous team. An internal CPA (previously a consultant position) and an internal actuary (previously not included) were part of the new team. The CEO was now engaged in all conversations along with HMOP.
 - Dr. Green emphasized that, while Mercer was a large company and wished to produce a responsible product, OAPP was working with the CEO and HMOP on a parallel track to develop the most sensible way to pay for medical care. If Mercer's recommendations were not consistent with recommendations of the experts on such care in the County, the County was not obligated to accept them.
 - Ms. Broadus, Women Alive, asked who had oversight of the study. Mr. Vincent-Jones said OAPP had provided oversight for the Residential and Substance Abuse Rate Study, but had requested that the Auditor-Controller handle the Medical Outpatient rate study. Ms. Broadus understood that OAPP had not wanted to appear to influence the study, but noted there was a cost to providers in dealing with the problematic draft as funding was at risk. Ms. Broadus asked how much the contract cost. Dr. Green replied that the original contract was about \$300,000. OAPP extended the contract at zero cost.
 - Mr. Engeran thanked OAPP and providers for working on this issue. He said it was important to achieve the best product possible because Medical Outpatient was the largest investment in services.
 - Ms. Jackson, AHF, felt the key problem was that the Auditor-Controller was originally in sole control despite no expertise in the field. She asserted that OAPP was now rescuing the study.
2. **Outcomes Mapping:** The subject was postponed.

B. Priorities & Planning (P&P) Committee:

1. **Special Populations:** The subject was postponed.
MOTION #6: Approve the criteria and designated special populations, as presented (*Postponed*).
2. **Outcomes Mapping:** The subject was postponed.
3. **Year 19 Priority- and Allocation-Setting:**
 - Mr. Goodman noted provider forums would be in February. The schedule was in the packet. These were an important tool in data collection and participation was encouraged.
 - All were reminded to sign the annual Commissioner Pledge to the Year 19 Priority- and Allocation-Setting Process pledge form in the packet and turn it in to staff before leaving.
 - The next meeting would be January 22nd. The meeting time had been moved up to 12:30 p.m. Mr. Vincent-Jones noted that would be a combined SOC and P&P meeting at which paradigms and operating values would be selected.

C. Joint Public Policy (JPP) Committee:

1. **Ryan White 2010 Principles:** The subject was postponed.
MOTION #7: Approve the Ryan White 2010 Principles, as revised and presented (*Postponed*).
2. **2008 Public Policy Agenda:** The subject was postponed.
MOTION #8: Approve the 2008 public policy agenda, as presented (*Postponed*).

Commission on HIV Meeting Minutes

January 10, 2007

Page 10 of 11

3. ***Omnibus Appropriations Health:*** Mr. Engeran noted that a deal had been struck that was signed by the President. It included an additional \$23 million for Ryan White. “Hold harmless” language had been adopted for the supplemental award at 13.5%. San Francisco would receive most of those funds, though it would not completely compensate for their reduction. A few other jurisdictions would receive much smaller amounts—not including Los Angeles.

D. Operations Committee:

1. ***Member Nominations:*** There was no discussion.
MOTION #9: Forward the nominations of Mario Chavez for the SPA #3 Provider representative seat, Terry Goddard for the SPA #3 Provider Alternate seat, and Richard Hamilton for the SPA #6 Consumer seat to the Board of Supervisors for appointment (*Passed in the Consent Calendar*).
2. ***Non-Commission Committee Appointments:*** The subject was postponed.
3. ***Consumer Caucus:*** Mr. Page encouraged that all Commissioner consumers should participate in the Caucus, whether or not on a consumer seat. The Caucus meeting would follow the meeting after a recess.

20. COMMISSION COMMENT: There were no comments.

21. ANNOUNCEMENTS: There were no announcements.

22. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:45 pm.

- A. **Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Braswell, Broadus, Chavez, Daar, Engeran, Frye, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Long, Negrete, Orozco, Page, Palmeros, Watt

Commission on HIV Meeting Minutes

January 10, 2007

Page 11 of 11

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the Consent Calendar, as amended.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the minutes from the December 13, 2007 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve the policy on document distribution at Commission meetings.	<i>Ayes:</i> Bailey, Ballesteros, Baumbauer, Braswell, Chavez, Daar, Engeran, Giugni, Goodman, Granai, Hamilton, Kochems, Land, Long, Negrete, Orozco, Page, Palmeros, Sanchez, Taylor, Younai <i>Opposed:</i> Johnson, Nollado <i>Abstentions:</i> None	MOTION FAILED Ayes: 21 Opposed: 2 Abstentions: 0
MOTION #5: Approve the proposed public comment in response to the Mercer Rate Study (Medical Outpatient and other Services).	<i>Amended by Motion #5A</i>	AMENDED
MOTION #5A: (Younai/King) Approve the proposed public comment in response to the Mercer Rate Study (Medical Outpatient and other Services) as presented, and delegate authority to Standards of Care to finalize and submit the document on behalf of the Commission.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Approve the criteria and designated special populations, as presented.	<i>Postponed</i>	POSTPONED
MOTION #7: Approve the Ryan White 2010 Principles, as revised and presented.	<i>Postponed</i>	POSTPONED
MOTION #8: Approve the 2008 public policy agenda, as presented.	<i>Postponed</i>	POSTPONED
MOTION #9: Forward the nominations of Mario Chavez for the SPA #3 Provider representative seat, Terry Goddard for the SPA #3 Provider Alternate seat, and Richard Hamilton for the SPA #6 Consumer seat to the Board of Supervisors for appointment.	<i>Passed by Consent Calendar</i>	MOTION PASSED